

Asset Inventory Worksheet

Community Name:		
County Name:		
ITEM	ENTRY	NOTES TO USER
Facility Classification		This will either be "Critical" or "Non-critical"
Facility Type		DO NOT WORRY ABOUT THIS
Name		
Description		Provide discussion describing the facility and its uses and importance to the community
Address Line 1		
Address Line 2		
City		
State		
Zip		
Primary Contact		Provide a name and contact information for someone at or responsible for the facility
Phone 1		
Phone 2		
Fax		
Email		
Longitude		
Latitude		
State Owned		"Yes" or "No"
Critical Rank		DO NOT WORRY ABOUT THIS
Size		Provide the footprint size of the facility in square feet (if applicable)
Estimated Replacement Cost		This is the cost to replace the structure and its contents should it be destroyed
Estimated Economic Impact		These are the costs associated with a loss in revenue, etc. Value is reported as an annual cost.
Total Cost and Impact		